

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		<i>10/2/01</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>10-26-99</i>
FORMALITY REVIEW		<i>10570</i>	<i>11-4-99</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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